

Medical Examiner Case Report

U.S. Department of Health and Human Services • Substance Abuse and Mental Health Services Administration

1. Facility

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2. Date of Death

MONTH	DAY	YEAR
		20

3. Sex

- ☐ Male
☐ Female
☐ Not documented

4. Age

	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> Not documented
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5. ZIP Code of Decedent's Last Residence

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Otherwise, select one response:

- ☐ No fixed address (e.g. homeless)
☐ Institution (e.g. shelter/jail/hospital)
☐ Outside U.S.
☐ Not documented

6. Place of Death

Select one:

- ☐ Emergency department
☐ Other health care facility
☐ Decedent's home
☐ Public place
☐ Other
☐ Not documented

7. ZIP Code for Place of Death

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- ☐ Not documented

8. Race/Ethnicity

Select one or more:

- ☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Not documented

9. Manner of Death

Select the manner of death assigned by the medical examiner:

- ☐ Suicide
☐ Homicide
☐ Natural
☐ Accident
☐ Could not be determined

10. Cause of Death

List the chain of events causing the death. Do not abbreviate. Do not use ICD codes.

(Part I) Immediate cause:

As a result of:

As a result of:

As a result of:

(Part II) Other significant conditions:

11. Case Description

Describe how the drug(s) were related to the death. Copy verbatim from the death investigation records when possible.

12. Substance(s) Involved Using available documentation, list all substances that caused or contributed to the death. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names. Do not record current medications unrelated to the death.

Route of Administration

Select One

Mark if confirmed by toxicology test

Oral
 Injected
 Inhaled, sniffed, snorted
 Smoked
 Transdermal
 Other
 Not documented

Alcohol involved? ☐ Yes ☐ No/Not documented

1
2
3
4
5
6

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

13. Comments

Enter here any questions or issues you have about this case. Do not include information that could identify the decedent.

DAWN is operated by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**, of the **U.S. Department of Health and Human Services**, as required in Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4). DAWN is used to monitor trends in the adverse health consequences associated with drug use. Section 501(n) of the Public Health Service Act prohibits SAMHSA from using or disclosing DAWN data for any purpose other than that for which they were collected.

Public reporting burden for DAWN medical examiners/coroners is estimated at 51 minutes per case. This includes time for reviewing death investigation records and completing case report and activity report forms. Send comments regarding burden to SAMHSA Reports Clearance Officer, Paperwork Reduction Project 0930-0078, 1 Choke Cherry Road, Room 7-1044, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0078.